

IN THE U.S. PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATT. DOCKET NO.
12093/929

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **FUEL ASSEMBLY TOP NOZZLE REPAIR SLEEVE AND METHOD FOR REPAIRING A FUEL ASSEMBLY**, the specification of which was filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Richard L. Mayer (Reg. No. 22,490)

Patrick J. Birde (Reg. No. 29,770)

Jeffrey M. Butler (Reg. No. 41,652)

John M. Vereb (Reg. No. 48,912)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

CUSTOMER NO. 26,646

KENYON & KENYON
One Broadway
New York, NY 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME PABIS	FIRST GIVEN NAME George	SECOND GIVEN NAME S.
RESIDENCE & CITIZENSHIP	CITY Lynchburg	STATE OR FOREIGN COUNTRY VA	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2109 Mimosa Drive	CITY Lynchburg	STATE & ZIP CODE/COUNTRY VA 24503
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME PUGH	FIRST GIVEN NAME Anthony	SECOND GIVEN NAME A.
RESIDENCE & CITIZENSHIP	CITY Forest	STATE OR FOREIGN COUNTRY VA	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 107 Carriage Hill Drive	CITY Forest	STATE & ZIP CODE/COUNTRY VA 24551
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME KING	FIRST GIVEN NAME Raymond	SECOND GIVEN NAME A.
RESIDENCE & CITIZENSHIP	CITY Lynchburg	STATE OR FOREIGN COUNTRY VA	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2525 Link Road	CITY Lynchburg	STATE & ZIP CODE/COUNTRY VA 24503
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME CLARK	FIRST GIVEN NAME Darel	SECOND GIVEN NAME R.
RESIDENCE & CITIZENSHIP	CITY Lynchburg	STATE OR FOREIGN COUNTRY VA	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 101 Hunterdale Drive	CITY Lynchburg	STATE & ZIP CODE/COUNTRY VA 24502
Signature		Date	